

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



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TO: All Staff

FROM: Roque R. Gerald, Psy.D., Acting Director
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DATE: April 3, 2009

RE: Healthcare Coordination

This administrative issuance offers guidance to CFSA and private agency staff to ensure that each child entering care is offered optimal and comprehensive healthcare services through the timely and appropriate coordination of healthcare services. It outlines the roles of the Office of Clinical Practice and the assigned social worker in coordinating and accessing healthcare services for the children and youth in out-of-home care.

According to the American Academy of Pediatrics, the coordination of healthcare for children and youth in care includes ensuring that children and youth have access to health care, monitoring the child and youth's use of the healthcare system, ensuring that children receive services appropriate to their healthcare needs, and an advocacy role to ensure that children and youth receive all necessary health, mental/behavioral health, and developmental services in a timely manner.

Coordination also includes the "family team" working in concert to achieve child well-being. The family team, i.e. the social worker, foster parent(s), guardian, or residential facility staff (each hereafter referred to as "caregiver"), medical and mental health practitioners, and birth parents (when available and involved) shall work collaboratively so that medical and mental health decisions and services promote permanency and stability for children and youth. Confidential medical information will only be divulged to extended family members who are directly involved in the treatment or care of a child. This information may also be divulged when necessary to identify service needs or resources.

For questions regarding this issuance, please contact the Office of Clinical Practice-Clinical and Health Services Administration.

Role of the Office of Clinical Practice (OCP)

A coordinated healthcare system supports the provision of assessments, treatments, and follow-up services in accordance with established healthcare standards as set forth by the American Academy of Pediatrics and the Child Welfare League of America.

Within the Child and Family Services Agency, healthcare coordination is managed by the Office of Clinical Practice (OCP). The OCP supports the social worker in their efforts to coordinate services and ensure that the child and youth's medical needs are met. Additional roles of the OCP-Clinical and Health Services Administration include the following:

1. When the OCP-Clinical and Health Services Administration is notified of a child entering CFSA custody or requiring a placement change (via the social worker, report in FACES, etc.), they shall:
 - a. Provide appropriate health service coordination;

- b. Facilitate the acquisition of the following services (as stipulated in the Amended Implementation Plan, and prescribed by the American Academy of Pediatrics):
 - i. Medical screenings and assessments, and
 - ii. Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) program.
 - c. As the manager of the DCKIDS program, ensure the occurrence of pre-placement medical screenings, and timely comprehensive medical, dental, mental/behavioral, and developmental screenings and assessments.
 - d. Ensure the implementation of recommended health services as identified and prescribed by healthcare practitioners.
2. If a child has a court order, the OCP- Clinical and Health Services Administration shall:
- a. Review the court order, facilitate the referral/appointment process and implement services within twenty-four (24) hours of notification by the social worker or the Office of the Attorney General (OAG).
 - b. Contact the assigned Assistant Attorney General (AAG) immediately when OCP believes that the order is not in the best interest of the child or is medically harmful. OCP shall provide justification as to the inappropriateness of the order, request that the order be vacated and offer guidance on how to amend the order to meet the child's needs.
3. If a child is determined to have serious or complex medical needs, the OCP-Clinical and Health Services Administration shall:
- a. Consult with the assigned social worker and their supervisor, Office of the Attorney General, caregiver, guardian ad litem, external clinicians, and birth parents, where appropriate, to formulate an appropriate treatment plan of care,
 - b. Assist the child and family team in understanding the child's medical needs,
 - c. Ensure the necessary health services are provided to meet the child's complex needs, and,
 - d. Assign a nurse to assist the assigned social worker with ensuring that the medical needs of the child or youth are met.

Role of the Assigned Social Worker in the Healthcare Coordination of Services

The assigned social worker makes sure all of the necessary services are in place for the child or youth. Their role is integral to the healthcare coordination process and fosters the promotion of emotional, physical and psychological well-being of children and youth in out-of-home care.

The assigned social worker shall:

- 1. Gather all information about the child's health history as described in the Healthcare Manual, Chapter I: Initial Evaluation of Children's Health.
- 2. Work with DCKIDS to ensure that the child receives a medical screening with each placement change.
- 3. Consult with and make the necessary referrals to the OCP-Clinical and Health Services Administration to ensure children receive the necessary health, dental, vision, and mental/behavioral health services.
- 4. Coordinate with the caregiver (and birth parent(s) where appropriate) to ensure the child's health needs are understood and that all health services and supports are accessed in a timely manner.
- 5. Coordinate with the caregiver to collect information regarding each health visit or service provided to include the provision of all medications.

6. Share health information with the child's team to ensure all members are informed about the child's health needs and services so that services are coordinated.

Role of the District of Columbia Kids Integrated Delivery System (DCKIDS)

CFSA contracts with Children's Hospital to administer the CFSA-developed program—the District of Columbia Kids Integrated Delivery System (DCKIDS) program. Under the auspices of OCP-Clinical and Health Services Administration, DCKIDS manages the process that enables children entering and re-entering care to receive pre-placement screenings, appointments for 30-day EPSDT (as well as subsequent appointments) and dental evaluations. DCKIDS also accepts referrals and coordinates appointments for other medical specialty services (i.e. dermatology, neurology, orthopedics, etc.), and dental specialty services (i.e. orthodontics, etc.). DCKIDS does not manage the medical care of children or youth in care.

Accessing Specialized Healthcare Services

The acquisition of specialized health services is a prime consideration when attempting to identify an appropriate placement for a child with special medical and/or developmental needs. All children and youth with any medical, developmental, cognitive, or physical impairment require specialized healthcare services. This includes children who require long-term medication or treatment for a condition, or require medication or treatment for a recurring condition that if left untreated may lead to serious illness. Coordination of this type of healthcare need is integral to ensuring that the child's physical and emotional needs are adequately met.

1. Specialized health services approved by the OCP- Clinical and Health Services Administration for a medically qualified special need may include:
 - a. In Home Nursing – deemed medically necessary by a physician in writing. A treatment plan established by the physician must be provided.
 - b. Home Health Aide - deemed medically necessary by a physician in writing. A treatment plan established by the physician must be provided.
 - c. Companion Care – person equipped to assist with socialization. Primarily suited to assist with non-skilled care.
 - d. Therapeutic Day Care – provided in response to a need identified in a medical assessment.
 - e. Medical Respite Care.
 - f. Organ system specialties (e.g. cardiology, urology, neurology, physical medicine).
 - g. Therapy Services (e.g. speech and language therapy, occupational therapy and physical therapy).
2. The process for obtaining specialized health services is as follows:
 - a. The assigned social worker shall contact the OCP Health Services Supervisor to establish a meeting with an OCP nurse to determine the specific needs of the child.
 - b. If it is determined that specialized services are necessary, OCP–Clinical and Health Services Administration shall proceed with the referral process and acquisition of services.

Accessing Emergency Care

CFSA recognizes that emergency care is imperative for attending to life-threatening conditions.

Emergency Room Procedures

1. Emergency room care shall be utilized only in the following situations:
 - a. When medically necessary

- b. When no other twenty-four (24) hour care is available
 - c. When injuries indicate the need
 - d. When hospitalization is recommended.
2. In the event of life-threatening circumstances, the following is prescribed for accessing emergency room care:
- a. When in a caregiver's judgment there is a potentially life-threatening circumstance, the caregiver shall immediately call 911 and follow their instructions. At the first available opportunity, and no later than two (2) hours after calling 911, the caregiver shall notify the assigned social worker or the social worker's supervisor.
 - b. Following the discussion with the caregiver, the assigned social worker shall immediately contact the on-call OCP-Clinical and Health Services Administration staff for notification purposes. At any time, the caregiver may contact the OCP-Clinical and Health Services Administration directly for medical assistance and advice. To access the OCP on-call staff, the caregiver or social worker may call the agency Hotline number.
 - c. The assigned social worker shall meet the caregiver and child or youth at the emergency room.
 - d. Consent of the birth parent or guardian is not required for the following:
 - i. Emergency medical, surgical or dental treatment;
 - ii. Emergency outpatient psychiatric treatment.

The OCP-Clinical and Health Services Administration, in conjunction with the assigned social worker and the caregiver, shall follow up regarding the prescribed plan of care and discharge planning. The assigned social worker shall provide the caregiver with assistance to ensure that the caregiver is fully informed as to the child or youth's ongoing care needs and that the proper supports are provided. The assigned social worker shall engage the child or youth's birth parent in treatment planning and services, including granting permission for treatment and authorizing medications, as appropriate.

Accessing Urgent Care Services

The acquisition of urgent care is necessary when emergency room care is not necessary but it is impossible to wait for a medical appointment to access services. Urgent care is for non-life threatening needs. To accommodate the acquisition of this service, no appointment is needed and patients are seen at a local urgent care center.

To access urgent care, the following should occur:

- 1. The caregiver shall notify the assigned social worker of the health circumstance.
- 2. The social worker shall contact the OCP-Clinical and Health Services Administration nurses within 24 hours of being notified by the caregiver to discuss the appropriate intervention needed for a given health circumstance. After hours and on weekends, the social worker shall contact the OCP on-call manager.
- 3. The nurse shall advise as to when and how to access a local urgent care provider. The assigned social worker shall convey this information to the caregiver.
- 4. At any time, the caregiver may contact the OCP-Clinical and Health Services Administration directly for medical assistance and advice.
- 5. If the child or youth is advised to go to a local urgent care center, the caregiver shall notify the assigned social worker of the outcome of the visit, including the prescribing of any medication and recommended follow-up treatment needs. [For information re the administration of medications, see Healthcare Manual, Chapter III: Medication Administration and Management.] The assigned social worker shall record the information on the medical screen in FACES.